

## **Rejuvenation Massage Payment Policy:**

All payments are to be made at the time of service. Payments are accepted by cash, check, credit card or HSA card. If using your insurance to assist in your payment please read below.

### **Insurance Policies:**

In-Network:

- I am an "In Network" provider for Aetna only, please call them prior to coming in to make sure your plan covers massage therapy. Ask if a prescription is required from your Doctor, if so please bring it in with you. Payments will be your responsibility if your insurance requirements are not met prior to receiving your massage.
- All other insurances: please check with them prior to coming in to see if your plan covers "Out of Network" massage. Ask if a prescription from your Doctor is required, if so please bring it in with you. \*Plans requiring *Pre-authorization* (through eviCore) are **not** accepted. Payment for your visit will be collected at the time of service, all visits will be your responsibility if your insurance requirements are not met prior to receiving your massage.
- Using your insurance does not guarantee payment. If your insurance denies coverage for any reason you will be responsible for payment in full, even if your insurance states that you are personally not responsible for any payment. By signing below you agree to personally pay for all services you received by Caroline Brady, LMP regardless of any insurance denials.

### **MVA's:**

I do not bill for Motor Vehicle Accidents. Payment for each visit will be collected at the time of service and a receipt will be provided for you to personally submit to your claims agent. Any documentation requested by a lawyer or claims agent will be provided upon request, an additional administration fee may be applied for this request.

### **Cancelation Policy:**

**Please allow 24 hours notice for all cancellations. Any missed or non-cancelled appointments with less than 24hrs notice will be billed at the full rate to you. Your insurance company can not be billed for missed appointments, it will be your responsibility.**

### **Acknowledgment and Acceptance of the noted payment policy:**

I \_\_\_\_\_ have read the information noted above. I understand and accept the payment policies which have been presented to me regarding services received by Caroline Brady, LMP at Rejuvenation Massage.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### Privacy Policy and Client Records:

Please note that all client records are confidential. All information within a clients chart is secure and at no time shall be shared with any unauthorized individuals. Records will only be provided to third parties identified by the client and only as necessary to facilitate insurance billing or legal needs. Client case information may be shared with third parties or other healthcare providers only with the written permission of the client. (Est 2008/revised 2016)